

79
4-20-01

091655755

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AT		9-15-00
O.I.P.E. CLASSIFIER		48	9/16/00
FORMALITY REVIEW	AL	TC-859	10/18/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Reported H Non-extended
☐ Allowed I Interference
☐ (Through numerical) Canceled A Appeal
☐ Rejected O Rejected

Claim	Date	Claim	Date	Claim	Date
1		61		121	
2		62		122	
3		63		123	
4		64		124	
5		65		125	
6		66		126	
7		67		127	
8		68		128	
9		69		129	
10		70		130	
11		71		131	
12		72		132	
13		73		133	
14		74		134	
15		75		135	
16		76		136	
17		77		137	
18		78		138	
19		79		139	
20		80		140	
21		81		141	
22		82		142	
23		83		143	
24		84		144	
25		85		145	
26		86		146	
27		87		147	
28		88		148	
29		89		149	
30		90		150	
31		91			
32		92			
33		93			
34		94			
35		95			
36		96			
37		97			
38		98			
39		99			
40		100			
41					
42					
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50					

If more than 150 claims or 10 actions
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